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# Instructions for Using Excel Template

Review the Form MP-100 instructions before entering data.

Overwrite the sample data shown with the data that needs to be reported.

If either Schedule isn't required, delete the non-applicable tab from the spreadsheet.

Enter the PBGC case number assigned to your plan in the heading of the applicable tab.

Save your spreadsheet as "Form 100 Excel Attachment\_12345600" where "12345600" is the applicable case number of your plan.

Feel free to add a row at the bottom totalling amounts, counting participants, etc., but please insert a blank row between the last data row and any "total" row you want to add.

**Part II - Individuals for whom Annuiti**

Missing distributee's name			Date of birth	Social security number (enter w-o dashes)	Certificate number	Street	La:
Last	First	Middle					
3a(1)	3a(1)	3a(1)	3a(2)	3a(3)	3a(4)	3b(1)	
White	Betty	E	5/5/1955	111111111	1111111	123 Robin Hwy Ave	
Yellow	Joseph	F	6/6/1965	222222222	2222222	123 Blackbird Rd	
Black	Polly	G	7/7/1970	333333333	3333333	123 Eagle St	

**ies were Purchased**

**Missing distributee's namst-known address**

Last	First	City	State	Zip
3a(1)	3a(1)	3b(2)	3b(3)	3b(4)
White	Betty	City1	DE	42345
Yellow	Joseph	City2	WV	52345
Black	Polly	City3	DE	62345

Missing distributee's name		Accrued benefit information		Amended Filing Code
Last	First	Amount	If monthly, enter MB. If current value, enter CV	
3a(1)	3a(1)	3c	3c	4
White	Betty	\$35,000.00	CV	
Yellow	Joseph	\$150.00	MB	
Black	Polly	\$50.00	MB	



**Part I - Identifying Information**

Missing distributee's name			Date of birth	Social Security Number (enter w-o dashes)	Last-known address				
Last	First	Middle			Street	City	State	Zip	
2a	2a	2a	2b	2c	2d(1)	2d(2)	2d(3)	2d(4)	
White	James		E	5/5/1955	111111111	123 Robin Hwy Ave	City1	DE	42345
Yellow	Joseph		F	6/6/1965	222222222	123 Blackbird Rd	City2	WV	52345
Black	Polly		G	7/7/1970	333333333	123 Eagle St	City3	DE	62345



								<b>Part II - Amount Owe</b>	
Missing distributee's name		Other name(s) ever used	Type of distributee	Prior payments (Yes or No)	Non-U.S. Source Income (Yes or No)	Employee contributions (Yes or No)	Amended filing code	Benefit transfer amount @ BDD	Administrative fee (if applicable)
Last	First		P if Participant if Beneficiary B	2g	2h	2i	2j	3	4
2a	2a	2e	2f						
White	James		P	No	No	No		\$35,000.00	\$35.00
Yellow	Joseph		P	No	No	No		\$10,000.00	\$35.00
Black	Polly		B	No	No	No		\$150.00	\$0.00



d to PBGC					Part III - Missing Participant Benefit Info							
Missing distributee's name		Late payment		Lump sum eligibility (Yes or No)	Normal retirement date	Monthly SLA @ BDD	Monthly Single Life Annuity					
Last	First	Amount	Interest				Age 55	Age 56	Age 57	Age 58	Age 59	Age 60
2a	2a	5a	5b	6	7	8a	8b	8b	8b	8b	8b	8b
White	James	\$0.00	\$0.00	Yes	6/1/2020	\$318.00	\$175.00	\$192.50	\$210.00	\$227.50	\$245.00	\$262.50
Yellow	Joseph	\$0.00	\$0.00	No	7/1/2030	\$0.00	\$50.00	\$55.00	\$60.00	\$65.00	\$70.00	\$75.00
Black	Polly	\$0.00	\$0.00									



Information								
Missing distributee's name		Annuity payable at various ages						
Last	First	Age 61	Age 62	Age 63	Age 64	Age 65	NRD (or accrual cessation date, if later)	
2a	2a	8b	8b	8b	8b	8b	8b	
White	James	\$280.00	\$297.50	\$315.00	\$332.50	\$350.00	\$350.00	
Yellow	Joseph	\$80.00	\$85.00	\$90.00	\$95.00	\$100.00	\$100.00	
Black	Polly							